MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

82-a

12420

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1209 E. Church St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1209 E. Church
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elias Thomas Austin

3. (b) Social Security Number 217-10-2476

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Viola Austin

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1873

8. AGE: Years 66 | Months 2 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Somerset County Md.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Isaac Austin

13. Birthplace Maryland

MOTHER 14. Maiden name Cintra Reed

15. Birthplace Maryland

16. Informant Viola Austin

Address 1209 E Church St. Salisbury Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof 12-15-39 (month) (day) (year)

Cemetery or crematory John Wesley

Location M.E. Church, Md.

16. Funeral director Charles W. Mann

Address Salisbury, Md.

19. 12/12, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11, 1939, at 5.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-8, 1939, to Dec 10, 1939, and that I last saw h— alive on Dec 10, 1939.

	DURATION
Immediate cause of death: Cerebral hemorrhage	3 days
Due to: Arteriosclerosis	several years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Wilkins, M.D.
M. D. or other

Address Salisbury, Md. Date signed 12-12-39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

12421

CERTIFICATE OF DEATH

Reg. Diat. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico Co
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1127 W. Main
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico Co
City or town: Hebron Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Annie E. Bailey

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	Widow

8 (b) Name of husband or wife: Marcellus W. Bailey
6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): Dec. 29, 1862

8. AGE: Years	Months	Days	if less than one day
76	11	27	hrs. min.

9. Birthplace: Tyaskin Md.
(Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business: at Home

FATHER
12. Name: James Jones
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Mrs. Bernice A. Taylor
Address: 1127 W. Main st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 28 39 (month) (day) (year)
Cemetery or crematory: Equdopal Church yard
Location: Tyaskin Md.
18. Funeral director: Holloway & Walter P. Holloway
Address: Salisbury Md.

19. 12/28/ 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 26th 1939 at (1230a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1937, to December 26 1939, and that I last saw h-er alive on December 25th 1939.

Immediate cause of death	DURATION
Chronic Nephritis	
Chronic Myocarditis	
Due to	
Due to	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
If autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
injured at home, farm, industry, public place (where?):
Means of injury: injured at work?

23. SIGNATURE: Williams E Murrich M. D. or other
Address: Hebron Md. Date signed: Dec. 27th

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JAN 8 1940
BUREAU V. S.

12422

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(23)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Camden Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Camden Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Lucy Bailey

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Bailey

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.): May 17th, 1874

8. AGE: Years 65 Months 8 Days If less than one day ___ hrs. ___ min.

9. Birthplace: Mt Vernon, Somerset Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: "

FATHER

12. Name: Stephen Hopkins

13. Birthplace: Mt Vernon Md.

MOTHER

14. Maiden name: Esther Jackson

15. Birthplace: Mt Vernon Md.

16. Informant: James Bailey

Address: Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 19, 1939 (month) (day) (year)

Cemetery or crematory: Asbury cemetery

Location: Mt Vernon Md.

18. Funeral director: Dale Dashiell

Address: Princess Anne Md.

19. 12/16, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16- 1939, at 2:30 M about P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 19__, to Dec 16 1939.

and that I last saw h__ alive on __ 19__.

Immediate cause of death: Pulmonary Tuberculosis.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D Allen Fields M. D. or other

Address Nanticoke Md Date signed 12-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-0)

CERTIFICATE OF DEATH

12423

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Pittsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 44 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico.
City or town: Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah Catherine Baker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: C W Baker
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): unknown 1875

8. AGE:

Years	Months	Days	If less than one day
64			hrs. min.

9. Birthplace: Gumboro Del
(Town, county, and state)
10. Usual occupation: House work
11. Industry or business: none
FATHER 12. Name: William Cranfield
13. Birthplace: unknown
MOTHER 14. Maiden name: Sallie Cranfield
15. Birthplace: unknown
16. Informant: C W Baker
Address: Pittsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 13 1939 (month) (day) (year)
Cemetery or crematory: Grace M. P. Cemetary
Location: Pittsville Md
18. Funeral director: Wm Howard Wells
Address: Pittsville Md
19. 12/12 1939 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 11 1939 1.40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1935, to Dec 11 1939, and that I last saw her alive on Dec 11 1939

Immediate cause of death	Duration
Arterial Sclerosis	2 yrs
Due to	
Due to	
Other conditions: Senile Agitation	√ years

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles N Brown M. D. or other
Address: Salisbury Md Date signed 12/14/39

RECEIVED
JAN 6 [illegible]
BUREAU V. S.

Dr. Nock.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-B)

12424

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

(M)

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 415 E. Vine

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 415 E. Vine
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Amanda Beauchamp

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James F. Beauchamp

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Feb. 7. 1862

8. AGE: Years: 77 Months: 10 Days: 4 If less than one day: hrs. min.

9. Birthplace: R.D. Snow Hill Md. (Town, county, and state)

Whitesburg Md.

10. Usual occupation: House wife

11. Industry or business: at Home

FATHER
12. Name: James Ruark
13. Birthplace: Worcester Co. Md.

MOTHER
14. Maiden name: Emeline Johnson
15. Birthplace: Worcester Co. Md.

18. Informant: Levin C. Beauchamp.

Address: R.D. #2. Snow Hill Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 12-39 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. 12/12 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11th 1939, at 2.15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1939, to Dec 11 1939, and that I last saw her alive on Dec 11 1939.

Immediate cause of death: Carcinoma of Stomach

DURATION: Weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE: R. M. Nock M. D. or other

Address: Salisbury Date signed: 12/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

12425

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico Pen. Gen. Hospital
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pen. Gen. Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town White Haven Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lottie Elizabeth Bloodsworth

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Paul Bloodsworth
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.): April 3rd 1895
8. AGE: Years 44 Months 8 Days If less than one day hrs. min.
9. Birthplace: Chance Somerset Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Woodland Dickerson
13. Birthplace: Chance Md.
MOTHER
14. Maiden name: Mary Mister
15. Birthplace: Deals Island Md.
16. Informant: Paul Bloodsworth
Address: White Haven, Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec 17, 1939 (month) (day) (year)
Cemetery or crematory: Chance cem.
Location: Chance Md.
18. Funeral director: Dale Dashiell
Address: Princess Anne Md.
19. 12/15, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14-39 19 at 1A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-13-39 19 to 12-14 1939, and that I last saw h alive on 12-14-39 19
Immediate cause of death: Acute Nephritis
Due to: Chronic Nephritis
Due to: Hypertension
Other conditions: Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: 6 mo.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D Allen Field M. D. or other
Address Nanticoke Md Date signed 12-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (157-C)

12426

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Rural near Allen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 4 mo - 25 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Rural near Allen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Eden, Md. R.D. 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Robert William Baunds

3. (b) Social Security Number ✓

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 11, 1939.

8. AGE: Years | Months 4 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace Salisbury, Wicomico, Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business ✓

FATHER
12. Name Vaughn Robert Baunds
13. Birthplace Wicomico Co., Md.

MOTHER
14. Maiden name Sarah La Vera Lucard
15. Birthplace Newport News, Va.

16. Informant Vaughn Robert Baunds
Address Eden, Md. R.D. 2

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof 17/6/39 (month) (day) (year)
Cemetery or crematory Allen M. E.
Location Allen, Md.

18. Funeral director The Hill & Johnson Co.,
Address Salisbury, Md.

19. 12/6, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5, 1939, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw b__ alive on ____ 19__.
Medical Examiner certificate

Immediate cause of death Congenital heart disease — DURATION 5 mos.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no.
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE L. A. Rademacher M.D. Deputy Medical Examiner Wicomico Co. M. D. or other
Address Salisbury Md Date signed 12-7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12427

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town near Willards md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Nr. Willards Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ernest Bradford

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Bradford
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6th 1903

8. AGE:

Years	Months	Days	If less than one day
36	10	25	hrs. min.

9. Birthplace Newark Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business None
FATHER 12. Name David K. Bradford
13. Birthplace Newark Md
MOTHER 14. Maiden name Della Simmons
15. Birthplace Powellville Md
16. Informant Mrs Elizabeth Bradford
Address Willards Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2 1940 (month) (day) (year)
Cemetery or crematory Pardue Cem
Location near Powellville Md
18. Funeral director Wm. Howard Wells
Address Pittsville Md
19. Jan. 1 1940 (Date rec'd by registrar) Lillian R. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1939, at 7 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19;
and that I last saw him alive on Dec. 29 1939.

Immediate cause of death Pulmonary T.B. — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. R. Law MD
M. D. or other
Address Berlin Md Date signed 12-31-39

RECEIVED
JAN 8 1940
BUREAU V. S.

(Dr. Kitts.)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

12428

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF (M) (S)

1. PLACE OF DEATH

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.S. Hospt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 144 W. Locust
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Calloway

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Baby.

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16-1939

8. AGE: Years Months Days If less than one day Stillborn hrs. min.

9. Birthplace P.S. Hospt. Salisbury Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Roland B. Calloway
13. Birthplace Salisbury Md.

MOTHER
14. Maiden name Edna Ryall
15. Birthplace Chuckatuck Va.

16. Informant Roland B. Calloway

Address 144 W. Locust st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 18-39 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 12/18 1939 Harriet E. Johnson Socar Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16th 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. W. Kitts, M.D.
M. D. or other

Address Salisbury, Md. Date signed 12-17-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 333

CERTIFICATE OF DEATH

12429

1. PLACE OF DEATH:
(a) County Wicomico Co
(b) City or town Salisbury Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Eastern Shore TB Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo 13d.
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Wicomico
(c) City or town Salisbury Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. _____
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Carey, Lula

3 (b) If veteran, name war —

3 (c) Social Security No. 217-07-3861

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.: Single

6 (b) Name of husband or wife —

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1918

8. AGE: Years 21 | Months 3 | Days 1 | If less than one day _____ hr. _____ min.

9. Birthplace Salisbury Wicomico Co Md.
(Town, county, and state)

10. Usual occupation factory hand

11. Industry or business shirt factory

FATHER
12. Name Elsbon Carey
13. Birthplace Maryland

MOTHER
14. Maiden Name Mamie Tingle
15. Birthplace Maryland

16 (a) Informant deceased on admission
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29-39 (month) (day) (year)
(c) Cemetery or crematory Nelson Cem. (Md)
Location R.D. Delmar Md

18 (a) Funeral director Holloway & Milton K. Holloway
(b) Address Salisbury Md.

19 (a) 12/29/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 27 1939, at 3.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14/39 19____, to 12/27/39 19____, and that I last saw him alive on 12/26/39 19____.

Immediate cause of death	Duration
Pulmonary Tuberculosis	23 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Cohen M.D.
M. D. or other
Address Salisbury Date signed 12/29/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(82-a)

12430

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

(M)

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 305 East Isabella St.

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 81 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 305 East Isabella St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: John H. Connelly

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Elsner Connelly

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Dec. 17, 1858.

8. AGE:

Years	Months	Days	If less than one day
80	11	14	hrs. min.

9. Birthplace: Rockawalkin, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Lumber Mill Foreman

FATHER
12. Name: James Connelly
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Emily Humphreys
15. Birthplace: Maryland

16. Informant: Norman H. Connelly,
Address: Salisbury, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 12/13/39 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 12/13, 1939 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11, 1939, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11, 1939 to 9 only 19

and that I last saw h alive on 19

Immediate cause of death: Apoplexy.

Due to: arterio-sclerosis?

Due to: Dead when I arrived. Didnt know him before.

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? –

23. SIGNATURE: D Allen Field
M. D. or other

Address: Nanticoke, Md. Date signed: 12-13-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
JAN 6 1940
BUREAU V. S.

Dr. Yeaman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (133)

12431

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

(M)

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 708 Hill street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 55 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 708 Hill street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Leona S. Cordrey

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife H. Milton Cordrey

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 30-1884

8. AGE: Years 55 Months 8 Days 13 If less than one day ___ hrs. ___ min.

9. Birthplace Salisbury Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business at Home

FATHER

12. Name Azariah Hillman

13. Birthplace Quantico Md.

MOTHER

14. Maiden name Olevia Dickerson

15. Birthplace Quantico Md

16. Informant H. Milton Cordrey

Address 708 Hill st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 15-39 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 12/16 1939 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13th 1939, at 3:45 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 28, 1939, to Dec. 13, 1939, and that I last saw her alive on December 13, 1939.

Immediate cause of death Slaughter and alkalosis.

Due to Intestinal fistula following operation for pyo-nephrosis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Pyo-nephrosis of right kidney

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. John H. Yeaman M. D. or other

Address 221 1/2 Camden Ave Salisbury Date signed 12/15/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

(I)

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

12432

Reg. Dist. No. 831

1. PLACE OF DEATH:
County Wicomico
City or town Hebron
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Julia B. Dashiell

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife J. Tubman Dashiell
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 25, 1871

8. AGE:

Years	Months	Days	If less than one day
68	--	27	hrs. min.

9. Birthplace Wetinquin Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Levin B. Newton
13. Birthplace Wetinquin Md.

MOTHER
14. Maiden name Sarah Catlin
15. Birthplace Wetinquin Md.

16. Informant Mrs. Charles Gillis
Address Hebron Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/24/'39 (month) (day) (year)
Cemetery or crematory Hebron cemetery
Location Hebron, Md.

18. Funeral director Mrs. C.G. Messick & Sons
Address Hebron, Md.

19. 12/23 1939 Mrs J M Halloy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1939, at 10p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 18th 1939, to December 22 1939, and that I last saw her alive on December 22nd 1939.

Immediate cause of death Cerebral Hemorrhage Arteriosclerosis

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Emrich M.D.
M. D. or other
Address Hebron - Md Date signed Dec. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1940
BUREAU V. S.

12433

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(183)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Lake Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rayfield Dashiell

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife Martha Ann Dashiell

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: About 62 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Damesquarter, Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name William Dashiell

13. Birthplace Damesquarter, Md.

MOTHER

14. Maiden name Matilda Jones

15. Birthplace Damesquarter, Md.

16. Informant Mrs. Ida Jones

Address Lake Street, Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/26/39 (month) (day) (year)

Cemetery or crematory Mardela Cemetery

Location Mardela Springs, Md.

18. Funeral director Mrs. C. G. Messick & Sons

Address Hebron, Md.

19. 12/26, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17th 1939, at 2:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/17 1939, to 12/17 1939, and that I last saw ~~h~~ ~~alive~~ on ____ 19__.

Immediate cause of death Drowning (accidental)

Due to Alcoholic Intoxication

There was no boat involved C.W.&R.

Due to Probably accidentally fell into the harbor, while intoxicated

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/17/39

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury Drowning. Injured at work? no

23. SIGNATURE Chas. T. Fischer M.D. M. D. or other

Address Salisbury, Md Date signed 12/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12434

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(46-B)

County Wicomico — Registration Dist. No. 333

Village or City Salisbury — No. P. G. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas T. Dennis

(a) Residence: No. Salisbury Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Finney

6. DATE OF BIRTH (month, day, and year) March 6, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Day laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year) 9/'39

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country): Pocomoke City, Md.

FATHER

13. NAME: Henry Dennis

14. BIRTHPLACE (city or town) (State or country): Pocomoke City Md.

MOTHER

15. MAIDEN NAME: Mary Kelly

16. BIRTHPLACE (city or town) (State or country): Pocomoke City, Md.

17. INFORMANT: Mrs. Winnie Byrd

(Address) 220 W. Main St. Salisbury

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Cem. Date 12/14/'39

19. UNDERTAKER: Mrs. C. G. Messick & Sons

(Address) Nebron Md.

20. FILED 12/14, 1939 Harriet C. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: December 10, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12/6, 1939 to 12/10, 1939

I last saw h— alive on 12/10, 1939; death is said to have occurred on the date stated above, at 8:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other Contributory Causes of Importance:	

Name of operation — Date of

What test confirmed diagnosis? Examination — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Clara G. Tucker M. D.

(Address) Salisbury, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 6 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(82-b)

12435

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 317 Oak street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 317 Oak street,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margaret Townsend Digg

3. (b) Social Security Number

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Haye Digg

6(c) If alive, give age: dead years.

7. Birth date of deceased (mo., day, yr.): Jan 16, 1849

8. AGE: Years: 90 Months: 10 Days: 16 If less than one day: hrs. min.

9. Birthplace: Worcester County Md
(Town, county, and state)

10. Usual occupation: retired Home wife

11. Industry or business

FATHER
12. Name: Daniel Butler
13. Birthplace: Worcester Co. Md.

MOTHER
14. Maiden name: Ann Stewart
15. Birthplace: Worcester Co. Md.

16. Informant: Mrs. Wilmer L. Hammond

Address: 317 Oak St. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 4-39 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury Md.

18. Funeral director: Holloway & E. Walter R. Hollowa

Address: Salisbury Md.

19. 12/4/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 2 1939, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 ..... and that I last saw ..... alive on ..... 19 .....

Medical examiner's certificate

Immediate cause of death: Cerebral Thrombosis — DURATION: 7 days.

Due to: Arteriosclerosis — 10 years.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Lakeshore M.D. Deputy Medical Examiner Wicomico Co. M. D. or other

Address: Salisbury, Md. Date signed: 12/2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94L)

12436

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wicomico

City or town Sharptown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eddie Dryden

3. (b) Social Security Number 213-03-4704

4. Sex M

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary F Dryden

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) July 11 1895

8. AGE: Years 64 Months 5 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Common Labor

11. Industry or business

FATHER 12. Name James Dryden

13. Birthplace Maryland

MOTHER 14. Maiden name Mary A Brittingham

15. Birthplace Maryland

16. Informant Mary Dryden

Address Sharptown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 17-1939 (month) (day) (year)

Cemetery or crematory Mt Olivey Wascoutia County

Location Near Princess Ann

18. Funeral director Gravenor Bros

Address Sharptown

19. Dec. 14 1939 (Date rec'd by registrar) Mary R. Banks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1939, at 1230 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 1939, to Dec 15 1939, and that I last saw him alive on Dec 16 1939.

Immediate cause of death Coronary Occlusion — DURATION 12/11/39

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Kuhlman M. D. ~~or other~~

Address Sharptown Md Date signed 12/16/39

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (131)

12437

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution R F D

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R F D
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emily Schlieff Fleming

3. (b) Social Security Number

4. Sex	5. Color or race	6. If single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Ignatius A. Fleming

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1869

8. AGE: Years 70 Months 4 Days — If less than one day hrs. min.

9. Birthplace Philadelphia, Pa
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Gottlieb Schlieff
13. Birthplace Germany

MOTHER
14. Maiden name Kunnuffyi Graff
15. Birthplace Germany

16. Informant Albert Fleming

Address 2411 Fairmount Ave Phila, Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-4-39 (month) (day) (year)

Cemetery or crematory Mt Vernon

Location Philadelphia Pa

18. Funeral director Charles M. Ward

Address Salisbury, Md.

19. 12/2, 1939 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1939, at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 26 1939, to Dec 1 1939 and that I last saw h-- alive on Dec 1 1939

	DURATION
Immediate cause of death: Angina Pectoris	24 hrs
Due to:	
Due to: Arteriosclerosis	?
Other conditions: Ch. Int. Nephritis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. O. Lacy M.D.
M. D. or other

Address Salisbury, Md. Date signed 12/4/39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (149)

CERTIFICATE OF DEATH

12438

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P G Hospital, Salisbury, Md
Stay in hospital or inst. (yrs., or mos., or days): 7
Stay in this community (yrs., or mos., or days): 7

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Tyaskin Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Head of creek
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Pauline Gattis

3. (b) Social Security Number: 213-14-6342

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	C	single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 7 1919

8. AGE: Years: 21 | Months: 11 | Days: 9 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Tyaskin Md (Town, county, and state)

10. Usual occupation: Work in canning factory

11. Industry or business: During canning season

FATHER
12. Name: Ware Gattis
13. Birthplace: Tyaskin

MOTHER
14. Maiden name: Emma Deshield
15. Birthplace: Clara, Md

16. Informant: Ware Gattis
Address: Tyaskin, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 25-39 (month) (day) (year)
Cemetery or crematory: Head of creek Cem
Location: Tyaskin Md

18. Funeral director: Mrs R B Messick & Sons
Address: Quantico, Md.

19. 12/26/1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-22 1939, at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20, 1939, to 12-22 1939.
and that I last saw h[illegible] alive on 12-22-39, 19____.

Immediate cause of death	DURATION
Septicemia	
Due to Abortion?	
Due to [illegible]	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: D. Allen Field M. D. or other
Address: Nanticoke, Md Date signed 12-23-39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

23

12439

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Eastern Shore TB Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in this community (yrs., mos., or days) 16

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Parsonsburg
(If outside city or town limits, write RURAL and give town)

(d) Street No. —
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Avery Charles Hammond

3 (b) If veteran, name war —

3 (c) Social Security No. 220-10-8013

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife unknown

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 16, 1909

8. AGE: Years	Months	Days	If less than one day
30	7	25	_____hr. _____min.

9. Birthplace Parsonsburg Md
(Town, county, and state)

10. Usual occupation handy man

11. Industry or business hatchery

FATHER
12. Name Charles Hammond
13. Birthplace Wicomico Co. Md.

MOTHER
14. Maiden Name Bessie Pruett
15. Birthplace Worcester Co. Md

16 (a) Informant deceased on admission
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1939 (month) (day) (year)

(c) Cemetery or crematory Parsonsburg Cem.
Location Parsonsburg Md

18 (a) Funeral director Wallace C. Walter R. Wilson
(b) Address Salisbury Md.

19 (a) 12/13/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death December 11 1939, at 9.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/25/39 19____, to 12/11/39 19____, and that I last saw him alive on 11/10/39 19____.

Immediate cause of death	Duration
Pulmonary Tuberculosis	18 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Nature of injury

23. Signature Paul Shen M.D.
M. D. or other

Address Salisbury Date signed Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12440

Reg. Dist. No. 14 336

1. PLACE OF DEATH:

County: Wicomico

City or town: Rural, Near Delmar, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: At Home

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Thirty Five Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Rural, Near Delmar Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Delmar, Delaware, Rfd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Minnie E. Dearn

3. (b) Social Security Number: —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife: Marion E. Dearn

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): December 3, 1873

8. AGE: Years	Months	Days	If less than one day
66	—	13	— hrs. — min.

9. Birthplace: Near Rockawalking, Wicomico, Maryland
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: At Home

FATHER
12. Name: P. B. Nelson
13. Birthplace: Rockawalking, Maryland.

MOTHER
14. Maiden name: Ella L. Gordy
15. Birthplace: Near Rockawalking, Maryland

16. Informant: Marion E. Dearn
Address: Route No. 3, Delmar, Md.,

17. Burial (Burial, cremation, or removal; Which?) Date thereof: Dec. 18, 1939 (month) (day) (year)

Cemetery or crematory: Wicomico Memorial Park

Location: Salisbury, Maryland.

18. Funeral director: Re. Hitch and Johnson Co.

Address: East Main Street at Davis.

19. 12-17-1939 (Date rec'd by registrar) Harry E. Hutchison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16, 1939, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 14 1939, to Dec. 16 1939, and that I last saw h— alive on — 19—

Immediate cause of death	DURATION
Acute dilatation of heart	[illegible]
Due to Double Lobar Pneumonia	2 da
Due to Chronic Myocarditis	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause fo which death should be charged statistically.

22. VIOLENCE: If death was due fo external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, indusfry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. H. Tyndall M. D. or other

Address: Delmar, Del. Date signed: 12/17/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 20 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

12441

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

(M)

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 105 Broad St.
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 74 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 105 Broad St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mary Josephine Humphreys

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Dr. Eugene H. Humphreys
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) July 17, 1851.

8. AGE: Years 88 | Months 5 | Days 3 | If less than one day ___ hrs. ___ min.

9. Birthplace Denton, Caroline, Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business ✓

FATHER
12. Name Joseph H. Farr
13. Birthplace Talbot Co., Md.

MOTHER
14. Maiden name Sarah Rock
15. Birthplace Wicomico Co., Md.

16. Informant Miss Nellie Rock Humphreys
Address Salisbury, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 12/22/39. (month) (day) (year)
Cemetery or crematory Parsons
Location Salisbury, Md.

18. Funeral director The Hill & Johnson Co.,
Address Salisbury, Md.

19. 12/22, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20, 1939, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Dec 20 1939, and that I last saw her alive on Dec 20 1939.

Immediate cause of death: Cler. myocarditis, Cler. Hypertensis.
DURATION: [illegible]

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No ✓ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other
Address Salisbury Date signed 12/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 333

CERTIFICATE OF DEATH

12442

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Eastern Shore TB Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo 7d
(e) Length of stay in this community (yrs., mos., or days) 4 mo 7d

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1667 Cliftview Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George H. Itzel

3 (b) If veteran, name war: no

3 (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mgt. R. Itzel

6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) June 6 1887

8. AGE: Years 52 | Months 5 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual occupation Office work

11. Industry or business —

FATHER
12. Name Charles J. Itzel
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sophie Fraking
15. Birthplace Balto Md.

16 (a) Informant deceased on admission
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 (a) 12/2/39 (Date rec'd by registrar) (b) Gabriel E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death December 2 1939, at 4.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25 19 39, to 12/2 19 39, and that I last saw him alive on 12/1 19 39.

Immediate cause of death	Duration
Pulmonary Tuberculosis	19 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Ehen
M. D. or other
Address Salisbury Md Date signed 12/2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (131)

12443

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kiconico
City or town: Glad Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 8 Vyears

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kiconico
City or town: Glad Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Samuel P. Jenkins, Sr.

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Mary Belle Jenkins

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Aug. 20, 1857.

8. AGE: Years	Months	Days	If less than one day
81	3	28	hrs. min.

9. Birthplace: Pony Park, Kiconico, Md. (Town/county, and state)
10. Usual occupation: Retired Retail Merchant
11. Industry or business: Grocries

FATHER
12. Name: Richard B. Jenkins
13. Birthplace: Kiconico Co., Md.

MOTHER
14. Maiden name: Anne Parker
15. Birthplace: Kiconico Co., Md.

16. Informant: Samuel P. Jenkins, Sr.
Address: Salisbury, Md. R.D. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/22/39. (month) (day) (year)
Cemetery or crematory: Glad Point, Md.
Location: Glad Point, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 12/20, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 18, 1939, at 6:25 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 18 1938 to Dec. 18 1939, and that I last saw h alive on Dec. 18 1939.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1938
Due to Arterio Sclerosis	1937
Due to Chr. Int. Nephritis	1936
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. D. Daisy M.D.
M. D. or other
Address: Salisbury, Md. Date signed 12-24-39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12444

Reg. Dist. No. 333

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): about 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Broad Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Edward Johns

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a g	married

6 (b) Name of husband or wife: Launa Johns

6(c) If alive, give age: about 66 years

7. Birth date of deceased (mo., day, yr.): 1873.

8. AGE:

Years	Months	Days	If less than one day
about 66	—		hrs. min.

9. Birthplace: Delmar md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: no

FATHER

12. Name: Winfield Johns

13. Birthplace: Dorchester Co. Md

MOTHER

14. Maiden name: Unknown

15. Birthplace: unknown

16. Informant: Mrs Launa Johns

Address: Salisbury md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 23 1939 (month) (day) (year)

Cemetery or crematory: Public Cem.

Location: Salisbury Md

18. Funeral director: James F. Stewart

Address: Salisbury Maryland

19. 12/23, 1939 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 19, 1939, at 3 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19, 1939 to Dec 19 1939, and that I last saw him alive on Dec. 19, 1939.

	DURATION
Immediate cause of death: Apoplexy	1 day
Due to: Unknown	
Due to: Unknown	
Other conditions: Unknown	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Cerebral Apoplexy

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G H Lemby M. D. or other

Address: 504 E Church St Salisbury Md Date signed: Dec 24, 39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115-a)

12445

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 Day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. West Main Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hannah Jean Jones

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Child

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1936

8. AGE: Years 3 Months 8 Days 1 If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Wallace Jones

13. Birthplace Md.

MOTHER 14. Maiden name Lottie White

15. Birthplace Md.

16. Informant Lottie Jones

Address Salisbury, Md.

17. Dames Quarter Md. Date thereof Dec. 21st (month) (day) (year) (Burial, cremation, or removal. Which?)

Cemetery or crematory Cemetery Dames Quarter

Location Dames Quarter, Md.

18. Funeral director Fred T. Webster

Address Deals Island, Md.

19. 12/20, 1939 Harriet E. Johnson Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19th 1939, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/18 1939, to 12/19 1939, and that I last saw her alive on 12/19 1939.

Immediate cause of death Cardiac Failure — DURATION sudden

Due to Status Lymphaticus

Due to Congenital

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operation Chronic Tonsillitis & Adenoids

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. T. Fisher M.D. M. D. or other

Address Salisbury Md Date signed 12/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12446

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: 205 Middle Boulevard

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 41 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 205 Middle Boulevard

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Isaac Ernest Jones

3. (b) Social Security Number 214-10-6266

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sadie Gore

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 12, 1874

8. AGE: Years	Months	Days	If less than one day
65	9	15	——— hrs. ——— min.

9. Birthplace Near Pittsville, Wicomico, Maryland (Town, county, and state)

10. Usual occupation General Manager

11. Industry or business News Paper

FATHER 12. Name Garmish B. Jones

FATHER 13. Birthplace Near Pittsville, Md.,

MOTHER 14. Maiden name Mary Smith

MOTHER 15. Birthplace Near Pittsville, Md.,

16. Informant Judge E. Skeldon Jones

Address 205 Middle Boulevard

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30, 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Wicomico Memorial Park

Location Salisbury, Md.,

18. Funeral director The Dill and Johnson Co.,

Address East Main Street at Davis

19. 12/29, 1939 (Date rec'd by registrar) Harriet E. Johnson (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1939, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-16- 1939, to 12-27 1939, and that I last saw him alive on 12-26- 1939.

Immediate cause of death	DURATION
Acute cardiac failure	
Due to Influenza	
Pulmonia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Charles A. Dawley M.D. M. D. or other

Address Salisbury, Md. Date signed 12-27-39

RECEIVED
JAN 6 1940
BUREAU V. S.

(Dr. Brown)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(186a)

12447

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hammond.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Hammond street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mollie E. Jones

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: William J. Jones
6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Dec. 2 - 1864

8. AGE:

Years	Months	Days	If less than one day
75	0	15	hrs. min.

9. Birthplace: Balto. Md (Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business: at Home
12. Name of FATHER: George Clark
13. Birthplace of FATHER: Balto. Md
14. Maiden name of MOTHER: Matilda Kirby
15. Birthplace of MOTHER: St. Mary's Co. Md
16. Informant: James H. Meyers
Address: 1641 Chilton St. Balto. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 20-39 (month) (day) (year)
Cemetery or crematory: Oak Lawn Cem
Location: Baltimore Md
18. Funeral director: Holloway & C. Walter R. Holloway
Address: Salisbury Maryland
19. 12/18/39 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 17 1939, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 39 to Dec 17th 1939, and that I last saw her alive on 17-1/37 19

Immediate cause of death	DURATION
Sudden Hemorrhage from Lung	10 Min
Due to Suffocating	
Due to Fractured Leg; due to accidental fall, on frozen ground, two months previous to her death.	3 Mos ago
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of
Where did injury occur? in a field near her home (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Douglas M Brown Jr MD M. D. or other
Address: Salisbury Md Date signed: 12/19/39

RECEIVED
DEC 26 1990
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

CERTIFICATE OF DEATH

CB

12452

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 17 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Virginia County Accomac

City or town Hopeton Va. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Ruth Byrd Justice

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	married

6 (b) Name of husband or wife Carroll See Justice

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1888

8. AGE:

Years	Months	Days	If less than one day
57	1	14	hrs. min.

9. Birthplace Accomac Co, Virginia
(Town, county, and state)

10. Usual occupation House Work.

11. Industry or business

FATHER 12. Name Thomas Byrd.

13. Birthplace Accomac Co Virginia

MOTHER 14. Maiden name Annie Kelley

15. Birthplace Accomac County Virginia

16. Informant Ray Byrd

Address Hopeton Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/13/39 (month) (day) (year)

Cemetery or crematory Parksley Cem

Location Parksley Va

18. Funeral director C D Johnson Jr

Address Parksley Va

19. 12/11, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11 1939, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-27-39 19, to 12-11 1939, and that I last saw h alive on 12-11 — 1939

Immediate cause of death	DURATION
a Acute Cholecystitis with stones	Week
Due to	
Due to	
Other conditions Acute hypocandritis	Week

(Include pregnancy within 3 months of death)

Major findings:

20. operations Acute cholecystitis with stones

20. autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? No
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Hand Injured at work?

23. SIGNATURE H. M. Hall M. D. or other

Address Salisbury Date signed 12/11/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12448

94-P

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md. No. 306 Mitchell St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lucy A. Messick

(a) Residence: No. 306 Mitchell St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Linwood Messick

6. DATE OF BIRTH (month, day, and year) June 8, 1882

7. AGE Years 57 Months 6 Days 10 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 12/18/39

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Tyaskin Maryland

FATHER

13. NAME John S. Larmell

14. BIRTHPLACE (city or town) (State or country) Tyaskin Md.

MOTHER

15. MAIDEN NAME Laura A. Dunn

16. BIRTHPLACE (city or town) (State or country) Tyaskin Md.

17. INFORMANT Linwood Messick (Address) 306 Mitchell St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Tyaskin Cem. Date 12/21/39 19

19. UNDERTAKER (Address) Mrs. C. G. Messick & Son's Hebron Md.

20. FILED 12/20, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1939, to 12/18, 1939

I last saw her alive on 12/18, 1939; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac Failure — Date of onset 12/18/39

Other Contributory Causes of importance: Coronary ~~Thrombosis~~ — several weeks

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas. T. Fisher M. D.

(Address) Salisbury, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

WITHIN CORPORATE LIMITS OF

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12449

Reg. Dist. No. 332/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Pittsville. Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico.

City or town Pittsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Middleton.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	White	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1939.

8. AGE: Years	Months	Days	If less than one day
	0	0	hrs. min.

9. Birthplace Pittsville Md. (Town, county, and state)

10. Usual occupation None.

11. Industry or business

FATHER 12. Name William T. Middleton

13. Birthplace Pittsville. Md.

MOTHER 14. Maiden name Beatrice E. Townsend.

15. Birthplace Salisbury Md.

16. Informant William T. Middleton

Address Pittsville. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 14 1939 (month) (day) (year)

Cemetery or crematory Grace M.E. Cemetery.

Location Pittsville Md.

18. Funeral director Wm. Howard Wells.

Address Pittsville. Md.

19. 12/13 (Date rec'd by registrar) 1939 Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13/39 19 12:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Stillborn	DURATION
Due to Difficult Labor	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Wood M.D.

M. D. or other

Address Middletown Md. Date signed 12/13/39

RECEIVED
JAN 8 1940
U. S. DEPARTMENT OF AGRICULTURE

12453

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-C

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pinehurst avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Pinehurst avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John W. Messick

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Lydia Goodwin Messick

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1863

8. AGE: Years 76 | Months 0 | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace: Nanticoke Md.
(Town, county, and state)

10. Usual occupation: Real Estate broker

11. Industry or business

FATHER
12. Name: William Messick
13. Birthplace: Nanticoke Md.

MOTHER
14. Maiden name: Francis E. Evans
15. Birthplace: Nanticoke Md.

16. Informant: Carl L. Messick

Address: Hebron Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/17/39 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury

18. Funeral director: Mrs. C. H. Messick Sons

Address: Hebron Md.

19. 12/16, 1939 Harriet E. Johnson Sec'y Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1939, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938 19__, to Dec 15 1939, and that I last saw him alive on Dec 10 1939.

Immediate cause of death: cerebral hemorrhage — DURATION: 3 wks

Due to

Due to

Other conditions: Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE J. R. Wanner M.D.
M. D. or other

Address Salisbury Date signed Dec 16

RECEIVED
JAN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12454

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. P. & L. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Granville Owens

If U. S. Veteran, specify WAR

(a) Residence: No. Wetipquin St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Owens

6. DATE OF BIRTH (month, day, and year) Dec 25 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Wetipquin Md

FATHER

13. NAME Elisha Owens

14. BIRTHPLACE (city or town) (State or country) Wetipquin Md

MOTHER

15. MAIDEN NAME Mary Townsend

16. BIRTHPLACE (city or town) (State or country) Salem Md

17. INFORMANT Mrs. See Smith

(Address) Wetipquin, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parsons Cem. Salisbury Md Date Dec. 19, 1939

19. UNDERTAKER Mrs. J. G. Messick & Sons

(Address) Bivalve, Md.

20. FILED 12/19, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 17, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1939 to Dec 17, 1939

I last saw h— alive on Dec 17, 1939; death is said to have occurred on the date stated above, at 8 PM m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Lobar Pneumonia	

Other Contributory Causes of importance:

Flu	
Chronic Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. Alley Field M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JAN 8 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

12450

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico.

City or town Near Pittsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Nr. Pittsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fred Parsons

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 1923

8. AGE: Years 16 Months 6 Days 14 If less than one day hrs. min.

9. Birthplace Near Pittsville Md.

(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business —

FATHER

12. Name Joseph W. Parsons.

13. Birthplace Near Pittsville Md.

MOTHER

14. Maiden name Alice E. Records.

15. Birthplace Laurel Delaware.

16. Informant William Parsons.

Address Pittsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29-1939 (month) (day) (year)

Cemetery or crematory Farlows

Location Near Pittsville Md.

18. Funeral director Wm. Howard Wells.

Address Pittsville, Md.

19. 12/28 1939 Lillian R. Davis Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 December 1939, at 11 10 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 27 1939, to Dec. 27 1939, and that I last saw him alive on Dec. 27 1939.

Immediate cause of death: Simple meningitis: not tuberculous or epidemic meningitis. cwzR.

DURATION: 8 hours

Due to not determined.

Probably resulting from a profuse rhinorrhoea, following an Automobile accident, several months ago, before his death.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. W. Kines, M.D. M. D. or other

Address Salisbury, Md. Date signed 12-27-39

RECEIVED
JAN 8 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

131

12455

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Delaware (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME William Parsons

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex male

5. Color or race a a

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Luvenia Parsons

6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 68 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Wicomico Co Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER
12. Name Freebourne Parsons
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Ma Clarence West

(b) Address 404 E Church St Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1939 (month) (day) (year)

(c) Cemetery or crematory Houston

Location Salisbury Md

18 (a) Funeral director James F. Stewart

(b) Address Salisbury Md

19 (a) 12/18/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 12-15 1939, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1939, to 12-15 1939, and that I last saw him alive on 12-1 1939.

Immediate cause of death Chronic nephritis

Due to Uremia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Philip A. Tessler M. D. or other

Address Salisbury Md Date signed 12-18-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1950
BUREAU V. S.

(Dr. Ketts)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

12451

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 213 Winder
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 213 Winder
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (Baby) Purcell

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
8 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 24-1939
8. AGE: Years | Months | Days 2 | If less than one day hrs. min.
9. Birthplace 213 Winder st. Salisbury Md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name James H. Purcell
13. Birthplace Salisbury Md.
MOTHER 14. Maiden name Helen O'Neil
15. Birthplace Laurel Delaware
16. Informant James H. Purcell
Address 213 Winder st. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26/39 (month) (day) (year)
Cemetery or crematory Parsons Cemetery
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 12/26 1939 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26-1939 (4.50 a M)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26 1939, to Dec. 26 1939, and that I last saw her alive on 12-26-39 19
Immediate cause of death: Pulmonary atelectasis — DURATION: 2 days
Due to
Due to
Other conditions: Prematurity
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Aitkins, M.D.
M. D. or other
Address Salisbury, Md. Date signed 12-26-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12456

1. PLACE OF DEATH (82-a)

County Wicomico Registration Dist. No. 335

Village or City Near Sharptown, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Trimton

(a) Residence: No. Wicomico Co. St., Ward. Sharptown, Md. R.F.D.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles W Trimton

6. DATE OF BIRTH (month, day, and year): June 2, 1881

7. AGE: 58 Years — Months: 6 Days: 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Data deceased last worked at this occupation (month and year): 10 yrs

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Wicomico Co. Md

FATHER

13. NAME: (~~John Steward~~) Don't know

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Sarah Steward

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Thelma Trimton Sharptown Md

18. BURIAL, CREMATION, OR REMOVAL

Place: San Domingo, Md. Near Sharptown, Md. Date: Dec. 7, 1939

19. UNDERTAKER (Address): J. J. Frampton & Son Federalsburg, Maryland

20. FILED: Dec. 7, 1939 Mary R. Banks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 5th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from this date, 19, to, 19

I last saw her alive on 12/5/39, 10 a.m., 19; death is said to have occurred on the date stated above, at 3 30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other Contributory Causes of importance:

age

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F C Trimm M. D.

(Address) Machela Springs Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED DEC 16 1923 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94B

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 301 Newton St.

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 301 Newton
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: George Edward Rounds

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Annie May Rounds

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Oct. 22, 1864.

8. AGE: Years: 75 Months: 1 Days: 11 If less than one day: hrs. min.

9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: Broker

11. Industry or business: Fruit & Produce

FATHER
12. Name: Theodore A. Rounds
13. Birthplace: Maryland

MOTHER
14. Maiden name: Margaret H. Parvin
15. Birthplace: Maryland

16. Informant: Wilbur M. Rounds
Address: Salisbury, Md.

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof: 12/6/39 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.

19. 12/6, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 3, 1939, at 10.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937, to 12-3 1939, and that I last saw him alive on 12-3-39 19

Immediate cause of death: Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Philip A. Tinsley Med
M. D. or other
Address: Salisbury Md Date signed 12-7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(154)

12458

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Gen. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 hr 35 min

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico Co

City or town Parsonsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ruark Baby Boy

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife: Mother Mrs Va. Ruark

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec - 31 - 1939

8. AGE: Years | Months | Days | If less than one day: 1 hrs. 35 min.

9. Birthplace P.B. Hospt. Salisbury Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Milton Ruark

13. Birthplace Salisbury Md.

MOTHER 14. Maiden name Virginia E. Hudson

15. Birthplace Whaleyville Md.

16. Informant Milton Ruark

Address Parsonsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 2-40 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Walston

Address Salisbury Md.

19. 1/2, 1940 (Date rec'd by registrar) H O Harrington E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1939, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-31 1939 to 12-31 1939, and that I last saw him alive on 12-31 1939.

	DURATION
Immediate cause of death: Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M.D.

M.D. or other

Address Salisbury, Maryland Date signed Jan. 1, 1940

RECEIVED
JAN 8 1948
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12459

P. & G. Hospital

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico Co

City or town: Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pen. Gen. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 16 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Dames Quarter Ward No. Md

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Barbara Anne Shaw

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 12, 1939

8. AGE: Years | Months: 4 | Days: 17 | If less than one day ____ hrs. ____ min.

9. Birthplace: Dames Quarter Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Wm Shaw

13. Birthplace: Dames Quarter Md

MOTHER

14. Maiden name: Elizabeth Bowman

15. Birthplace: Dames Quarter

16. Informant: L. G. Webster

Address: Deals Island

17. Dec 31 1939 (Burial, cremation, or removal. Which?) Date thereof: Burial (month) (day) (year)

Cemetery or crematory: Dames Quarter Md

Location: Dames Quarter Md

18. Funeral director: L. G. Webster

Address: Deals Island Md

19. 12/29 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 29 1939, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 14 1939, to Dec 29 1939, and that I last saw her alive on Dec 29 1939.

Immediate cause of death: Solar Pneumonia — DURATION: 2 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. R. Wanner Mwanner M. D. (M. D. or other)

Address: Salisbury Date signed: Dec 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

12460

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. PG Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lee Smith If U. S. Veteran, specify WAR ____

(a) Residence: No. Witipquin St., Ward. ____ (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A. Smith

6. DATE OF BIRTH (month, day, end year) april 8 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	67	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own Farm

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Witipquin Md

FATHER

13. NAME William D. Smith

14. BIRTHPLACE (city or town) (State or country) Witipquin Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Mrs Julia A. Smith Witipquin

18. BURIAL, CREMATION, OR REMOVAL

Place Parson Cem Salisbury Md Date 12/18, 1939

19. UNDERTAKER (Address) Mrs C. E. Messick & Sons Bivalve Md

20. FILED 12/16, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-11-, 1939, to 12-16, 1939

I last saw him alive on 12-16, 1939; death is said to have occurred on the date stated above, at 7-15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	Dec 11, 1939
Septicemia	

Other Contributory Causes of importance:

acute Nephritis

Gent Arteriosclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) S. Allen Field M. D.

(Address) Nanticoke Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (130)

12461

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Parsonsburg md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: md County: Wicomico

City or town: Parsonsburg md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: no
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Amanda Stratton

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a a	widow

6 (b) Name of husband or wife: George Stratton

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): about 1862

8. AGE:

Years	Months	Days	If less than one day
77	—	—	____ hrs. ____ min.

9. Birthplace: Parsonsburg md
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: no

FATHER
12. Name: Jacob Bishop
13. Birthplace: md

MOTHER
14. Maiden name: Emeline Purnell
15. Birthplace: md

16. Informant: Mr Elzy Selby

Address: Delmar R F D No 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 16-1939 (month) (day) (year)

Cemetery or crematory: Glass Hill

Location: Parsonsburg md

18. Funeral director: James F Stewart

Address: Salisbury md

19. Dec. 16 1939 (Date rec'd by registrar) Lillian R. Davis Registrar
Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 14, 1939, at 3 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 1939 to Dec. 14 1939 and that I last saw h alive on Dec. 13 1939

Immediate cause of death	DURATION
Hemorrhagic Nephritis	6 wks.
Due to Uremia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G H Selby M. D. or other

Address: Salisbury Md Date signed: 12/15/39

RECEIVED
JAN 8 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

12462

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 216 Delaware Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Naomi Rebecca Toadvin

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	a a	married

6 (b) Name of husband or wife John S. Toadvin

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 4 - 24 - 1894

8. AGE:

Years	Months	Days	If less than one day
45	8	3	____ hrs. ____ min.

9. Birthplace Allen, Wicomico Co., Maryland (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business none

FATHER

12. Name George Dutton

13. Birthplace Allen, Maryland

MOTHER

14. Maiden name Henrietta Milbourne

15. Birthplace Deals Island, Maryland

16. Informant John S. Toadvin

Address 216 Delaware Ave, Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-31-'39 (month) (day) (year)

Cemetery or crematory Loudon Park.

Location Baltimore, Md.

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury Md

19. 12/29/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-24 1939, to 12-27 1939, and that I last saw her alive on 12-27 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Phil. A. Lucas, M.D. M. D. or other

Address Salisbury, Md Date signed 12-29-39

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12463

87-E

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH

County, Wicomico — Registration Dist. No. 333

Village or City, Salisbury — No. 206 1/2 Delaware St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residanca in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foraign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Edna Turner.

(a) Residence: No. 206 1/2 Delaware St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year) June 12, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	4	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. None

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceasad last workad at this occupation (month and year)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Edward Turner

14. BIRTHPLACE (city or town) North Carolina (Stata or country)

MOTHER

15. MAIDEN NAME Lillie Williams

16. BIRTHPLACE (city or town) Virginia (Stata or country)

17. INFORMANT Lillie Turner (mother) (Addrass) Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL Salisbury, Md. Place Public Gen. Date Dec 23, 1939

19. UNDERTAKER James F. Stewart (Address) Salisbury, Md.

20. FILED 12/21, 1939 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 20th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1939, to 12/20, 1939

I last saw h~~er~~ ~~alive~~ on 12/20, 1939; daath is said to hava occurrad on tha data statad abova, at 9:30 A.m.

Tha **PRINCIPAL CAUSE OF DEATH** and related causes of importanca wara as follows:

	Date of onset
Cardiac Failure (sudden death)	

Other **Contributory Causes** of importance: Tuberculosis (meningeal)

Nama of operation None. Data of 12/20 —

What test confirmed diagnosis? History Was there an autopsy? No

23. If daath was due to externai causes (VIOLENCE) fill in also tha following:

Accident, sulcide, or homicida? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way ralated to occupation of deceasad? No

If so, specify ____

(Signad) Clara J. Fisher M. D.

(Address) Salisbury, Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Perilonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46B

12464

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS ☐

1. PLACE OF DEATH
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 222 E. Pine street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 222 E. Pine
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Walter Twilley

3. (b) Social Security Number 212-16-7414

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie R. Twilley
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 6 - 1873

8. AGE:

Years	Months	Days	If less than one day
66	7	10	hrs. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)
10. Usual occupation Laborer at Ball Park
11. Industry or business Salisbury Md

MOTHER / FATHER

12. Name George W. Twilley
13. Birthplace Dorchester Co. Md.
14. Maiden name Mary (unknown)
15. Birthplace Dorchester Co. Md.

16. Informant Mrs. Annie R. Twilley
Address 222 E. Pine st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19-39 (month) (day) (year)
Cemetery or crematory East New Market Cem.
Location East New Market Maryland
18. Funeral director Holloway & G. Walter Hall
Address Salisbury Maryland

19. 12/18/1939 Harriet E. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1939, at 6.30 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 5-5-1937, to 12-16-1939, and that I last saw him alive on 12-1-39, 19

Immediate cause of death	DURATION
Pancreatic Stomach	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D., or other
Address Salisbury Md Date signed 12-16-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(180)

12465

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town near Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Allens Farm

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury, Allen's Farm Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Salisbury
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Allison Williams

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	A A	no

6 (b) Name of husband or wife no

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1936

8. AGE:

Years	Months	Days	If less than one day
3	3	6	____ hrs. ____ min.

9. Birthplace Salisbury, Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name William Williams
13. Birthplace Newcastle Penn.

MOTHER
14. Maiden name Alice Jester
15. Birthplace Salisbury Md.

16. Informant Mrs. Alice J. Williams

Address Salisbury, Md. cpo W. F. Allen

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-23-39 (month) (day) (year)

Cemetery or crematory Houston Cemetery

Location Salisbury Md.

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury Md

19. 12/23, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21st 1939, at 9½ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/21 1939, to 12/21 1939, and that I last saw him ~~alive~~ on 12/21 1939.

Immediate cause of death Conflagration

Due to Accidental

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/21/39

Where did injury occur? near Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Burning residence Injured at work?

23. SIGNATURE Clara G. Fisher MD
M. D. or other

Address Salisbury Md Date signed 12/21/39

RECEIVED
JAN 6 1960
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2411 N. Charles St., Baltimore (180)

12466

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Reg. Dist. No. 333

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Stay in this community (yrs., or mos., or days) All life

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(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury, Allen's Farm Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Salisbury
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Geraldine Williams

3. (b) Social Security Number no

4. Sex: Female

5. Color or race: A.A.

6. (a) Single, married, widowed, or divorced: no

6 (b) Name of husband or wife: no

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1939

8. AGE: Years | Months 11 | Days 14. | If less than one day ____ hrs. ____ min.

9. Birthplace Salisbury Wicomico Co. Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name William Williams
13. Birthplace Newcastle Penn.

MOTHER
14. Maiden name Alice Jester
15. Birthplace Salisbury Md

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Injured at home, farm, industry, public place (where?) Home

Means of injury Burning residence injured at work? —

23. SIGNATURE Chas. T. Fisher M.D. M. D. or other

Address Salisbury Md Date signed 12/21 39

RECEIVED
JAN 8 1910
BUREAU V. S.